Editorial

De Quervain's Tenosynovitis

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The wrist is a very complex joint and consists of three components: radiocarpal, intercarpal, and distal radioulnar joints. Wrist movements such as flexion–extension, radial–ulnar deviation, and pronosupination are used to perform important activities in daily living. The soft tissues around the wrist include the extrinsic ligaments and intrinsic intercarpal ligaments and the triangular fibrocartilage complex. There are extensors and flexors surrounding the wrist, arteries, and veins, and the median, ulnar anterior, and posterior interosseous nerves. The forearm also functions with the wrist to achieve forearm rotation. The proximal radioulnar joint is an important joint that allows forearm rotation with the distal radioulnar joint. Thus, *the Journal of Wrist Surgery* targets all the body parts that are related with the wrist, including the fingers, thumbs, forearm, and elbow. This journal welcomes clinical and basic studies, surveys, systematic review, procedures, interesting cases, and a "Special Review," which targets any of the wrists.

This issue appreciates the "Special Reviews" of "Dispelling the Myth of Work Related De Quervain's Tenosynovitis" by Dunn et al. They described that the cause of De Quervain's tenosynovitis does not correlate with manual work or trauma from cadaver studies, authors' clinical cases, and systematic review. They also cautioned the clinicians that De Quervain's tenosynovitis may be related to degenerative changes in the first compartment and psychosocial factors and personal factors of the patients.

Interesting articles on wrist, such as new plate for distal radius, ultrasound aspiration for wrist ganglion, scaphoid fracture, carpal tunnel syndrome, radiographic analysis of carpal alignment, four-dimensional computed tomography, and a new technique of suspension arthroplasty with ear cartilage interposition, are also included in this issue.

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